

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90521 021 \*\*\*\*61.25

A0033231

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** N0000007174 ✓

**1. Entity Name**  
 AREA III Shetland Miniature Horse Club Inc.

**Principal Place of Business** Mailing Address  
 AREA III Shetland Miniature Horse Club Inc.  
 C/O 10780 N.E. 47th Ave.  
 Anthony, FL, 3

**2. Principal Place of Business** Anthony FL  
**3. Mailing Address** C/O 10780 N.E. 47th Ave

Suite, Apt. #, etc. C/O 10780 N.E. 47th Ave.

City & State Anthony, FL

Zip 32617 Country MAJOR

**4. FEI Number** 59-3695829  
 Applied For Not Applicable

**5. Certificate of Status Desired** ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 HOWARD MORRIS  
 C/O 10780 N.E. 47th Avenue  
 Anthony, FL, 32617

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.**

**SIGNATURE** Sam Howard Morris  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:** FEE IS \$61.25  
**9. Election Campaign Financing** Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
**Make Check Payable to:** Department of State

**10. OFFICERS AND DIRECTORS**

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	HOWARD MORRIS	
STREET ADDRESS	10780 NE 47th AVE.	
CITY-ST-ZIP	Anthony, FL, 32617	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	JAMIE BRADLEY	
STREET ADDRESS	P.O. Box 899	
CITY-ST-ZIP	Citra, FL, 32113	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	JO ANNE COLE	
STREET ADDRESS	P.O. Box 95	
CITY-ST-ZIP	BRYCEVILLE, FL, 32009	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	ROSEMARY NOWAK	
STREET ADDRESS	10607 EM EN EL GROVE Rd.	
CITY-ST-ZIP	LEESBURG, FL, 34788	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE** Howard Morris Howard Morris 3/5/01 1-352-347-3143  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)